U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0138 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFU	LLY BEFORE PREPARING THIS REPORT.		
AMENDED FORM	LM-30		
1. File Number U - 1/6/9	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name ROBERT KUETHE	Name ROAD SPRINKLER FITTERS LOCAL UNION 669		
	Labor Organization File Number 059-937		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 7050 OAKLAND MILLS ROAD	Street 7050 OAKLAND MILLS ROAD		
City COLUMBIA	City COLUMBIA		
State Maryland ZIP Code + 4 21046	State Maryland ZIP Code + 4 21046		
5. Position in labor organization. FINANCIAL SECRETARY-TREASURE	PR .		
A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organiza  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Signature			
	of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)		
Signed Colembration	On 10-5-05 410-381-4300		
	Date Telephone Number		

Name of Person Filing ROBERT KUETHE	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name ASB ASSET MANAGEMENT  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 7501 WISCONSIN AVENUE  City BETHESDA  State Maryland ZIP Code + 4 20814  10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer  11.a. Nature of such dealing.
Name NASI BENEFIT FUNDS  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 8000 CORPORATE DRIVE	INVESTMENT MANAGER
	11.b. Approximate dollar value of such dealing.
City LANDOVER  State Maryland ZIF Code + 4 20785	12.a. Nature of interest held or income received.  GOLF AT LOWES ISLAND - \$75  REDSKINS-RAVENS FOOTBALL - \$81
	12.b. Amount. \$156
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above)
(including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

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Name of Person Filing ROBERT KUETHE	File Number U-	

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name SOUND COMMUNICATIONS	a. Labor Organization	
Trade Name, if any:	a. Zasor organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 38 E 32ND STREET	c. Employer	
City NEW YORK	_	
State New York ZIP Code + 4 10016		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Name	COMMUNICATIONS	
	·	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	STEAKS FOR CHRISTMAS 2004	
	12.b. Amount.	\$86

Name of Person Filing ROBERT	KUETHE	File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name KELLY PRESS, INC.	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1701 CABIN BRANCH ROAD	c. Employer	
City CHEVERLY		
State Maryland ZIP Code + 4 20785		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	PRINTING	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	GOLF AT CONGRESSIONAL	
	12.b. Amount.	\$208

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name VOYAGER ASSET MANAGEMENT		
Trade Name, if any:	a. Labor Organization	
	b. Trust	
P.O. Box, Bldg., Room No., if any		
Street 12208 GROVE PARK COURT	c. Employer	
City POTOMAC		
State Maryland ZIP Code + 4 20854		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name NASI BENEFIT FUNDS	INVESTMENT MANAGER	
Trade Name, if any:	,	
P.O. Box, Bldg., Room No., if any		
Street 8000 CORPORATE DRIVE		
City LANDOVER		
· LEWISO VIII		
State Maryland ZIP Code + 4 20785	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	GOLF - \$33*	
	REDSKINS/GIANTS FOOTBALL - \$88*	
	* - Reimbursed in subsequent year	
	12.b. Amount.	\$121
	TE.O. MIROURI	\$121

Name of Person Filing ROBERT	KUETHE	File Number U-

		9. Business deals with:	
8. Name and address of Business (including	ng trade name, ir any).		
Name INVESCO		a. Labor Organization	
Trade Name, if any:		a Euser Organization	
		b. Trust	
P.O. Box, Bldg., Room No., if any			
Street 101 CALIFORNIA STREET,	SUITE 1900	c. Employer	
City SAN FRANCISCO			
State California	ZIP Code + 4 94111		
10. If 9.b. or 9.c. is checked give trust or emp	loyer's name.	11.a. Nature of such dealing.	
Name NASI BENEFIT FUNDS		INVESTMENT MANAGER	
Trade Name, if any:		1	
P.O. Box, Bldg., Room No., if any			
Street 8000 CORPORATE DRIVE			
City LANDOVER			
State Maryland	ZIP Code + 4 20785	11.b. Approximate dollar value of such dealing.	
		12.a. Nature of interest held or income received.	
		LABOR DAY GIFT TOFFEE - \$34	
		CHRISTMAS GIFT-COOLER - \$48	
			<u>.</u>
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		12 h Amount	\$82

Name of Person Filing ROBER'T	KUETHE	File Number U-

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name SEGAL COMPANY	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1920 N STREET, NW SUITE 500	c. Employer	
City WASHINGTON		
State District of Columbia ZIP Code + 4 20036		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name NASI BENEFIT FUNDS	CONSULTING	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 8000 CORPORATE DRIVE		
City LANDOVER		
State Maryland ZIP Code + 4 20785	11.b. Approximate dollar value of such dealing.	
State Mary Land	Tr.b. Approximate donar value of such dealing.	<u> </u>
	12.a. Nature of interest held or income received.	
	GOLF OUTING- \$11.1	
	12.b. Amount.	s111

Name of Person Filing ROBERT	KUETHE	File Number <b>U</b> -

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name PEAKE DELANCEY PRINTERS	a. Labor Organization	
Trade Name, if any:	d. Zabor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 2500 SCHUSTER DRIVE	c. Employer	
City CHEVERLY		
State Maryland ZIP Code +4 20781		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	PRINTING	,
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		· -
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	BASEBALL TICKETS 4/20/04- \$80	
	BASEBALL TICKETS 5/7/04- \$80 HONEY BAKED HAM - \$75	
	INDIVIDE DANCED HARE \$1.5	
	12.b. Amount.	\$235

Name of Person Filing ROBERT	KUETHE	File Num	

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name LOOMIS SAYLES & COMPANY	a. Labor Organization	
Trade Name, if any:	<u></u>	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1384 OLD FREEPORT ROAD, SULTE 2A	c. Employer	
City PITTSBURGH		
State Pennsylvania ZIP Code + 4 15238		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name NASI BENEFIT FUNDS	INVESTMENT MANAGER	
Maine MASI BENEFIT FUNDS		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
F.O. Box, Blog., Room No., It ally		
Street 8000 CORPORATE DRIVE		1
City LANDOVER		
State Maryland ZIF Code + 4 20785	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	DINNER \$48	
	GOLF \$81 DINNER \$58	
	DINNER 336	
	de de constant de	
	and the second s	·
	s. A. Brazoloo	
	12.b. Amount.	\$187